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**Health IT Policy Committee's Meaningful Use Workgroup:**  
**Public Hearing on Health Disparities**  
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As the director of the Agency for Healthcare Research and Quality, I am very pleased to offer my perspective on the key questions before the Policy Committee related to health disparities and the ways in which health IT can help address gaps in quality and access to care.

These topics are at the core of the Agency's mission, which is to improve the quality, safety, efficiency, and effectiveness of care for all Americans. We are committed to identifying and sponsoring the implementation of evidence-based solutions to improve the health and health care of priority populations, including racial and ethnic minorities and children. Key to this effort is AHRQ's annual National Healthcare Disparities Report which summarizes health care quality and access among various racial, ethnic, and income groups and other priority populations such as children and older adults.

AHRQ has sponsored a robust portfolio of health IT activities focused on three main goals: improving health care decision making; supporting patient-centered care; and improving the quality and safety of medication management. Since 2004, AHRQ has invested over \$300 million in contracts and grants to over 200 communities, hospitals, providers, and health care systems in 48 States to promote access to and encourage the adoption of health IT.

In addition, the Children's Health Insurance Program Reauthorization Act of 2009 specifically charges the Secretary of Health and Human Services with the development of a model EHR format for children enrolled in Medicaid or CHIP. Through an intra-agency agreement with the Centers for Medicare & Medicaid Services, AHRQ agreed to provide the resources and services of the AHRQ National Resource Center for Health IT to assist CMS in implementing the mandate to the Secretary.

Based on AHRQ's efforts in all of these areas, I would like to respond to the specific questions posed by the Committee:

**1. What do you see as the greatest risks posed by the implementation of HIT in relationship to potentially increasing disparities in health processes and outcomes?**

Children have unique health care needs and their providers have unique data needs. We know that children enrolled in Medicaid and CHIP typically experience health care disparities as do other priority populations such as racial and ethnic minorities; people with low socio economic status; or people living in rural or urban settings. In addition, we know

that disparities exist in adoption of health IT by providers who serve children, A study reported in the journal *Pediatrics* showed an electronic health record (EHR) adoption rate among pediatricians as being about 21.3 percent,. However, according to a 2009 American Academy of Pediatrics survey, only 6 percent of pediatricians reported having an EHR that included all the components of a fully functional system.

Overall, EHRs frequently lack the specification necessary to enable safe, quality care for children. This lack of functionality is second only to cost as the most cited barrier to pediatricians' adoption of EHRs and creates a disparity in the ability of clinicians to provide quality care to their patients. Therefore EHR systems must be adapted to address the unique needs of providing health care to children to help ensure successful health IT implementation and meaningful use by providers serving children.

**2. What are you, or others with whom you work, doing (or planning to do) to reduce the risk of exacerbating disparities as HIT is implemented across the county?**

To reduce the disparities in the use of using health IT to help improve quality and reduce cost of health care for children, the Children's Health Insurance Program Reauthorization Act of 2009 charged the Secretary of Health and Human Services with the development of a model EHR format for children enrolled in Medicaid or CHIP. AHRQ, in collaboration with CMS, is developing a model children's EHR format with the goal of making functionality for treating children more available in the health IT marketplace. The project will incorporate stakeholder input from a multi-disciplinary group of health IT and children's health experts and advocates, whose feedback will be sought at each stage of the project.

The model children's EHR format project includes of the following work.

- Performing an environmental scan and gap analysis;
- Developing the model children's EHR format in a manner that will be useable by multiple audiences for different purposes;
- Disseminating the model format;
- Testing the conformance of current EHRs or EHR modules to the model format; and
- Developing prototypes of up to three core functions detailed in the model format, which have not been incorporated into existing EHRs.

The model format will be widely disseminated to health IT vendors, developers, purchasers, and other appropriate audiences. This work will help bridge the technology gap that exists due to the lack of appropriate electronic tools for health professionals treating children. This project is focused on children in Medicaid and CHIP, where the greatest disparities exist but will be applicable to most pediatric providers.

**3. What research is being done, or needs to be done, in this area to inform the HIT Policy Committee in trying to establish guidelines that will move providers to implement methods of using HIT to reduce**

## **disparities?**

The core functional needs of using EHRs for children's health need to be addressed first. That will go a long way to decreasing disparities for children. In establishing meaningful use criteria, the HIT Policy Committee can focus on areas where we know disparities exist. According to the 2009 National Healthcare Disparities Report, these areas include early childhood vaccinations, and counseling on healthy eating. In addition, the impact of the model format on the cost and quality of health care for children in Medicaid and CHIP will be evaluated by two CMS CHIPRA demonstration grantees. The findings from these grantees can inform future EHR certification criteria, which is related to meaningful use.

### **4. With patient and family engagement in care at the forefront of our thinking about improving our Nation's health, what particular strategies would you recommend to us as potential meaningful use requirements in 2013 and 2015 for the vulnerable populations we have asked you to address?**

One way to encourage patient engagement is to encourage the development of health IT applications that interact with the communication devices used by children and young adults, such as iPhones. We will be exploring how we can incorporate this notion into the model format. A potential meaningful use requirement for 2013 or 2015 could be that provider EHR systems be able to interoperate with non-health IT applications. Another meaningful use requirement could be to ensure that information made available to patients and families also be available to, and easily understood by, people who have low literacy or for whom English is a second language.

### **5. How can the meaningful use of HIT specifically reduce a health disparity?**

Members of this work group have quite a bit of expertise on this subject. As you know, there has been very little research on how the use of health IT can specifically reduce health disparities. We need to look to and build upon the experiences of Dr. Calman and others to better understand the answer to this question.

### **6. What specific HIT applications have been used to address health literacy (panel 1), culture (panel 2), or access (panel 3)?**

Research has been done that shows that providing interactive systems such as e-mail and telemedicine communications improves access to care. (D'Alessandro and Dosa, *Arch Pediatr Adolesc Med* 155;1131-6, 2001)

### **7. Please share any relevant evidence on your topic.**

AHRQ's Evidence-based Practice Center report on Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved found that giving patients online access to a clinicians' electronic medical record improves outcomes when combined with tailoring or bi-directional information flow. Additionally, the report notes that children with chronic conditions were found to have very different types of usage issues and systems designed for them, suggesting that their barriers to effective use are very different from those experienced by adults.

Research by Adams in Boston shows successful implementation of EHR in urban pediatric care settings was associated with an improvement in care. (Adams, *Pediatrics* 2003. 111:3:626-632)

**8. Additional Questions for the Access Panel:**

**a. What tools can be used to improve access for those who face access barriers to healthcare or technology?**

- Work by Dr. Waggoner at Huron Hospital has shown that the use of an EHR system can effectively improve the quality of care provided to underserved patient populations who traditionally use a hospital's emergency department for their main access point for health care. (Michael Waggoner, TQHIT Implementation Grant)
- An AHRQ-funded project is improving access to pediatric primary care physicians using telemedicine network called Health-e-Access that links childcare centers and elementary schools to doctor's offices. This allows a child to be diagnosed remotely by his or her physician and has shown a 63 percent reduction in absences from childcare centers due to illness. (Kenneth McConnochie, THQIT Value Grant)
- Telehealth has also been shown to reduce the difficulty rural patients experience in accessing specialty care. (Sanjeev Arora, THQIT Implementation Grant)

**b. What are the most innovative solutions you have seen to overcome these challenges?**

One innovative solution being used is ParentLink, a stand-alone application that runs off any PC and is used to collect information about a child's symptoms, chronic conditions, medications, and allergies. This application, currently being tested at the Children's Hospital in Boston seeks to improve pediatric quality of care by bringing the parents into the information and communication loop. (Stephen Porter, THQIT Value Grant)

Thank you for the opportunity to speak to you about the important issue of health IT to improve the quality of care for children. AHRQ looks forward to working with you to

find ways to use health IT to reduce health care disparities for children and other priority populations.